

Ohio Department of Job and Family Services
**MEDICAL STATEMENT FOR TYPE B HOME
AND IN-HOME AIDE CHILD CARE PROVIDERS**

To the physician, physician's assistant (PA), advanced practice nurse (APN), certified nurse midwife (CNM) or certified nurse practitioner (CNP): The completion of the form is required before this applicant can be certified as an in-home provider for child care services. Child care services includes the full time or part time care of up to six children ages birth to thirteen years.

All sections of this form must be completed.

Name of Child Care Provider	Date of Birth	
Street Address		
City	State	Zip Code
Date of Exam		

This is to certify that I have examined the above named person who I have found:

- ☐ Yes ☐ No Is free from communicable disease.
- ☐ Yes ☐ No Has been immunized against measles and mumps, or was born before December 31, 1956 and has a disease history of measles and mumps, or is exempt from this requirement for medical or religious reasons. If exempt, please explain:
- ☐ Yes ☐ No Has been immunized against rubella, or has a laboratory test demonstrating detectable rubella antibodies, or is exempt from this requirement for medical or religious reasons. If exempt, please explain:
- ☐ Yes ☐ No Is free from tuberculosis as verified by a current TB test:_____ (date).
- ☐ Yes ☐ No Has been immunized against Tetanus and Diphtheria or is exempt from this requirement for medical or religious reasons. (At the time the next booster for Tetanus and Diphtheria is due, the provider or in-home aide must also be immunized against Pertussis.) (Tdap) If exempt, please explain:
- ☐ Yes ☐ No Is free from any known physical or mental health problems which might interfere with the safety or health of children, or might prohibit this individual from providing adequate care for a group of young children in a home setting. If not, please explain:

Printed name of Physician, PA, APN, CNM or CNP	Telephone Number	
Street Address		
City	State	Zip Code
Signature of the examining Physician, PA, APN, CNM or CNP		

This prescribed form is used to meet the requirements of Chapter 5101:2-14 of the Ohio Administrative Code.